



Post: 2 Casey Avenue, MACKAY QLD 4740

Phone: 07 49 595 173

Email: admin@allabilitiesmackay.org.au

FUNDRAISING REGISTRATION FORM

Event name / fundraiser / proposal: _____

Date: _____ / _____ / _____ Time: _____

Fundraiser / event venue: _____

_____ post code _____

Details of Fundraiser / event / proposal: _____

Period of Fundraising: Start Date: _____ End date: _____

Proposed involvement / representation of All Abilities Mackay: _____

Estimated revenue \$ _____ Estimated expense \$ _____ Estimated donation \$ _____

Name of co-ordinator (responsible person now known as Fundraiser) _____

Address (not a Po Box) _____

_____ Postcode _____

Contact phone: _____ Fax: _____ Mobile: _____

Email: _____

ALL ABILITIES MACKAY INC – FUNDRAISING AGREEMENT

I _____ (Co-ordinator/Fundraiser's name) accept the terms and conditions of the Fundraising Agreement set out above.

I agree to conduct my activity/event _____ (name of fundraiser) in accordance with those terms and conditions in a manner, which upholds All Abilities Mackay's integrity, professionalism and ethos.

Signed: _____ Dated: _____

Please complete and return the Fundraising Registration Form to Po Box 1689 Mackay Q 4740 or dsmky@bigpond.com. ABN: 95 202 714 205 INC #: IA41261 CH: 2420 DGR registered.

OFFICE USE ONLY: [] Fundraising Guidelines Sent ___/___/___ [] Sanction Letter Sent ___/___/___ Initial: _____
AAM Contact Person: _____ Amount Raised: \$ _____ Date received: ___/___/___
Account details given: ___/___/___ Authorisation Number: AN-2013-_____ diarised []
Have fundraising receipts been requested? YES/NO Date sent: _____ (attach list)